

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5223

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT					AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.					IND.	DEP.	IND.	DEP.
	1								51			
2								52				
3								53				
4								54				
5								55				
6								56				
7								57				
8								58				
9								59				
10								60				
11								61				
12								62				
13								63				
14	1							64				
15								65				
16								66				
17								67				
18		1						68				
19								69				
20								70				
21			1					71				
22								72				
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42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	2							TOTAL IND.				
TOTAL DEP.	19							TOTAL DEP.				
TOTAL CLAIMS	21							TOTAL CLAIMS				